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116TH CONGRESS
1ST SESSION

H. R. 4537

To amend the Public Health Service Act to improve the provision of mobile medical health care services to certain underserved areas and populations, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2019

Ms. VELÁZQUEZ introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to improve the provision of mobile medical health care services to certain underserved areas and populations, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ‘‘Mobile Health Clinics
5 Act of 2019’’.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) According to the Mobile Health Map report,
2 approximately 1,500 mobile health clinics (MHCs)
3 operate nationwide.
4 (2) MHCs can effectively provide care in areas
5 where health care infrastructure is limited because
6 of distance, financial capabilities, or inadequate sup-
7 porting infrastructure, including lack of public
8 transportation resources.
9 (3) MHCs can offer services such as primary
10 care, screenings, dental care, medications, behavioral
11 health care, immunizations, laboratory tests, case
12 management, triage, and assistance for public ben-
13 efit programs.
14 (4) MHCs help improve community health and
15 access to medical services in underserved commu-
16 nities across the United States, including urban,
17 rural, and suburban areas.
18 (5) Such clinics are cost-effective and help re-
19 duce the burden on hospitals, insurers, and govern-
20 ment entities managing health programs by pro-
21 viding prevention services, which also reduces unnec-
22 essary emergency department visits.
23 (6) The average cost of a visit to a provider of
24 mobile medical health care services is significantly
25 lower than the average cost of an emergency depart-

1 ment visit. Visiting an MHC instead of the emer-
2 gency department can result in a cost savings of
3 more than $800 per visit.
4 (7) Several studies have shown that the return
5 on investment generated by MHCs ranges from $20
6 to $36 for every $1 spent.
7 (8) MHCs are successful when they engage with
8 other local stakeholders who can provide insight,
9 knowledge, and strategies to help meet public health
10 challenges that are immediately relevant to the com-
11 munities receiving services from MHC providers.
12 (9) Funding has been the largest barrier to the
13 development and maintenance of MHCs and their
14 resources.
15 (10) With additional Federal support, health
16 systems would be able to better invest in purchasing,
17 maintaining, and upgrading mobile units, increasing
18 the number of staff, dispensing more medication,
19 and advancing the use of efficient information tech-
20 nology for health purposes.

21 **SEC. 3. IMPROVING ACCESS TO MOBILE MEDICAL HEALTH**
22 **CARE SERVICES.**

23 (a) IN GENERAL.—Subpart I of part D of title III
24 of the Public Health Service Act (42 U.S.C. 254b et seq.)
25 is amended by adding at the end the following new section:

1 **"SEC. 330N. PARTNERSHIPS TO IMPROVE ACCESS TO MO-**
2 **BILE MEDICAL HEALTH CARE SERVICES.**

3 "(a) AUTHORITY ESTABLISHED.—

4 "(1) IN GENERAL.—The Secretary may award
5 grants, contracts, or cooperative agreements to eligi-
6 ble entities to provide mobile medical health care
7 services in accordance with subsection (e).

8 "(2) LIMITATION.—A hospital or health care
9 facility may not be eligible for a grant, contract, or
10 cooperative agreement under this section with re-
11 spect to more than one partnership described in sub-
12 section (b)(1).

13 "(b) ELIGIBLE ENTITIES.—To be eligible for a grant,
14 contract, or cooperative agreement under this section, an
15 entity shall—

16 "(1) be a partnership consisting of—

17 "(A) one or more hospitals; or

18 "(B) one or more other local health care
19 facilities, including clinics, rural health clinics,
20 federally qualified health centers, health cen-
21 ters, primary care facilities, mental health cen-
22 ters, pharmacies, or other mobile medical as-
23 sets, without regard to whether or not such a
24 local health care facility is owned (either in
25 whole or in part) by a hospital in a partnership
26 described in subparagraph (A) or another local

1 health care facility as described in this subpara-
2 graph; and
3 “(2) provide services for any one of the fol-
4 lowing:
5 “(A) A medically underserved community
6 (as defined in section 799B(6)).
7 “(B) A medically underserved population
8 (as defined in section 330(b)(3)).
9 “(c) APPLICATION.—An eligible entity seeking fund-
10 ing under this section shall submit to the Secretary an
11 application at such time, in such manner, and containing
12 such information as the Secretary may require, including,
13 at a minimum, the following:
14 “(1) A long-term strategy and detailed imple-
15 mentation plan developed in consultation with com-
16 munity groups and appropriate stakeholders.
17 “(2) A demonstration of a specific public health
18 need that is relevant to a community or population
19 described in subsection (b)(2).
20 “(3) A description of the services that the enti-
21 ty will provide directly with funds under this section,
22 and, if applicable, a description of the services that
23 the eligible entity will provide indirectly with such
24 funds through contracts or cooperative agreements.

1 "(4) An explanation of the entity's inability to
2 address the need in paragraph (2) without Federal
3 assistance.

4 "(5) An identification of any related govern-
5 mental or community initiative that compliments or
6 will be coordinated with the long-term strategy and
7 detailed implementation plan required under para-
8 graph (1).

9 "(6) A plan detailing the methodologies that
10 will be used to evaluate the access and quality of
11 mobile medical health care services provided by the
12 entity to a community or population described in
13 subsection (b)(2).

14 "(7) A description of community outreach
15 mechanisms that the entity will employ to ensure the
16 participation of a community or population described
17 in subsection (b)(2).

18 "(8) An identification of best practices for
19 treatment, outreach, and data collection that the en-
20 tity will employ to track program participation and
21 program effectiveness.

22 "(9) A plan for providing mobile medical health
23 care services to individuals of limited English-speak-
24 ing ability. Such plan shall—

1 ''(A) take into account data from the Bu-
2 reau of the Census and previously documented
3 qualitative or quantitative observations from
4 community service providers offering health
5 care services in the areas in which the entity
6 will provide mobile medical health care services;
7 and

8 ''(B) outline which languages are most
9 prevalent and commonly requested for trans-
10 lation services in such areas.

11 ''(10)(A) Subject to subparagraph (B), an as-
12 surance that, if the entity receives a grant, contract,
13 or cooperative agreement or a renewal of such grant,
14 contract, or cooperative agreement under this sec-
15 tion, the entity will develop a plan to secure other
16 public or private funding resources to ensure the
17 continued operation and maintenance of mobile med-
18 ical health care services provided under this section
19 after funds under such grant, contract, or coopera-
20 tive agreement, or renewal, are no longer available.

21 ''(B) The Secretary shall waive the requirement
22 under subparagraph (A) for the entity if the entity
23 demonstrates that complying with such requirement
24 would create an undue burden and result in signifi-

cant disruption of the provision of mobile medical health care services.

"(11) Any additional information required by the Secretary.

"(d) REQUIREMENTS.—

"(1) AMOUNT.—A grant contract, or cooperative agreement awarded under this section may not exceed $750,000.

"(2) DURATION.—A grant, contract, or cooperative agreement awarded under this section shall be for a period of 3 years.

"(3) RENEWALS.—

"(A) IN GENERAL.—The Secretary may renew a grant, contract, or cooperative agreement awarded under this section with respect to an eligible entity if the entity—

"(i) submits to the Secretary an application for renewal at such time, in such manner, and containing such information as the Secretary may require; and

"(ii) demonstrates in such application that—

"(I) grant, contract, or cooperative agreement funds made available to the entity were used in a manner

1 required under the most recently ap-
2 proved application of the entity under
3 this section; and
4 ''(II) the entity has made signifi-
5 cant progress in achieving the objec-
6 tives of the initial application ap-
7 proved for the entity under this sec-
8 tion.
9 ''(B) DURATION.—An initial renewal for
10 an eligible entity under subparagraph (A) shall,
11 at a minimum, be for a period of 2 years. Any
12 subsequent renewal for such an entity shall be
13 for a period of 1 year.
14 ''(e) USE OF FUNDS.—A grant, contract, or coopera-
15 tive agreement awarded under this section may be ex-
16 pended for—
17 ''(1) purchases of mobile medical health care
18 service vehicles;
19 ''(2) maintenance or upgrade of mobile medical
20 health care service vehicles;
21 ''(3) hiring of casework staff, physicians, practi-
22 tioners, pharmacists, nursing personnel, or similar
23 medical professionals;
24 ''(4) hiring and professional development of ad-
25 ministrative, oversight, clerical, or other support

1 staff managing the operations or care provided by
2 mobile medical health care service vehicles;
3 "(5) professional development, including appro-
4 priate training for medical professionals specified in
5 paragraph (3);
6 "(6) distributing or dispensing prescriptions;
7 "(7) advancing the use of information tech-
8 nology for treatment purposes, including the employ-
9 ment of appropriate staff required for maintenance
10 to ensure the secure and stable operations of com-
11 puters, servers, and other appropriate information
12 technology infrastructure; and
13 "(8) increasing access of medically underserved
14 communities (as defined in section 799B(6)) or
15 medically underserved populations (as defined in sec-
16 tion 330(b)(3)) to mobile medical health care serv-
17 ices, including required primary health services (as
18 defined in section 330(b)(1)), substance use disorder
19 services (as defined in section 330(h)(5)(C)), and
20 mental health counseling.
21 "(f) SUPPLEMENT, NOT SUPPLANT, REQUIRE-
22 MENT.—A grant, contract, or cooperative agreement
23 awarded under this section shall be expended to supple-
24 ment, and not supplant, the expenditures of the eligible
25 entity involved and the value of in-kind contributions for

1 the delivery of services to medically underserved commu-
2 nities or medically underserved populations.

3 "(g) ANNUAL REPORT.—An eligible entity that re-
4 ceives funds under this section during a fiscal year shall
5 submit to the Secretary, on a date specified by the Sec-
6 retary, an annual report detailing the progress in address-
7 ing the public health need specified in subsection (c)(2).

8 "(h) MOBILE MEDICAL HEALTH CARE SERVICE DE-
9 FINED.—In this section, the term 'mobile medical health
10 care service' means any health care-related service pro-
11 vided in a moveable vehicle or a non-permanent clinic.

12 "(i) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to carry out this section
14 $15,000,000 for fiscal year 2020 and each succeeding fis-
15 cal year.".

16 (b) RULEMAKING.—Not later than the date that is
17 one year after the date of enactment of this Act, the Sec-
18 retary of Health and Human Services shall, through notice
19 and comment rulemaking, establish—

20 (1) a process for awarding grants, contract, and
21 cooperative agreement including renewing and termi-
22 nating grants, contract, and cooperative agreement
23 under section 330N of the Public Health Service
24 Act, as added by subsection (a);

1 (2) benchmarks for measuring significant
2 progress as described in subsection (d)(3)(A)(ii)(II)
3 of such section; and
4 (3) a process for providing entities described in
5 such section a fair hearing and appellate review re-
6 garding any decision by the Secretary to renew or
7 terminate a grant, contract, or cooperative agree-
8 ment under such section.

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